

ATTORNEY DOCKET NO. 03311.0016U2
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Sabato, et al.)	Art Unit: 2616
)	
Application No. 10/734,081)	Examiner: Viana Di Pisco, German
)	
Filing Date: December 10, 2003)	Confirmation No. 7960
)	
For: SYSTEM AND METHOD FOR QUEUE)	
MANAGEMENT USING QUEUE SETS)	

TRANSMITTAL LETTER

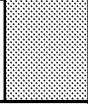
Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmitted herewith is the following in the above-identified application:

<input checked="" type="checkbox"/> Response to Office Action <input checked="" type="checkbox"/> Fee as calculated below <input type="checkbox"/> No Additional Fee Required <input type="checkbox"/> Corrected Drawings	<input type="checkbox"/> Petition to Extend Time <input type="checkbox"/> Supplemental Declaration <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Other <u>Request for Continued Examination (RCE)</u>
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CLAIMS AS AMENDED								
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims	14		14		0	X \$50.00		\$0.00
Independent Claims	2		2		0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>		\$0.00	
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -								- \$0.00
TOTAL FEE DUE								\$0.00

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Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$810.00 for RCE fee is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

/Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
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